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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name BRAD (first and middle [if any])			CAROLINE Family Name or Surname				
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Additional inventors are being named on the	sup	plemental Additi	onal Inve	entor(s) s	sheet(s)	PTO/SB	/02A attached hereto.

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Application Number

Filing Date BRAD CAROLINE First Named Inventor POWER OF ATTORNEY OR mproved Method and Materia s Finished Surface Protection Title AUTHORIZATION OF AGENT **Art Unit Examiner Name Attorney Docket Number** 51303 I hereby appoint: 27015 Practitioners at Customer Number Practitioner(s) named below: PATENT_TRADEMARK OFFICE Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number. Number Bar Code Label here OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date Telephone 70-NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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forms are submitted.

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| Application Number | | **Application Number**

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Filing Date	· ·			
		First Named Inventor	BRAD CAROLINE			
		Title	Improved Method and Materia Finished Surface Protection			
		Art Unit	THE THE SHEET SUFFACE FROLECCE			
		Examiner Name				
		Attorney Docket Number	51303			
I hereby appoint:						
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OR Practitioner(s) named below	<i>r</i> :	-	27015			
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I am the:						
X Applicant/Inventor.						
Assignee of record of the	e entire interest. See 37 CF	SP 3.71				
	R 3.73(b) is enclosed. (Form					
		of Applicant or Assignee of Rec	-ord			
		Applicant of Assignee of Nec				
	PUDERBACH	<u> </u>				
Signature C	h-		,			
Date 6119	163		Telephone 702 617 0320			
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forms if more than one signature is req						
X Total of Two (2)	rms are submitted.					
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